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Illustrations OF HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

KING'S COLLEGE HOSPITAL.

I. A MIXTURE OF COLLODION AND CASTOR OIL AS AN APPLICATION TO SEVERE CASES OF BURNS AND SCALDS.

[*From Notes by* P. W. SWAIN, Esq., *House-Surgeon.*]

CASE I. Elizabeth G., aged 78, was admitted into King's College Hospital, on November 27th, 1857, with a severe burn, extending over the front of the chest, as far down as the mammæ, and upwards over the front and side of the neck and both cheeks. In some places, the cuticle was much charred; and extensive vesications existed about the side of the neck and face. The accident was caused by the old woman falling forwards on to the fire, whilst reaching up to the mantelpiece.

On admission, the parts were cleansed; the vesications were punctured; the hair was shaved from the front and sides of the head; and an application, composed of two parts of collodion and one part of castor oil, was painted over the entire surface of the burn. This application was repeated three or four times in the course of that day, so as to form a covering, which entirely excluded all contact of the atmosphere. She was ordered ammonia and small doses of tincture of opium every four hours; and, as she was in a very low condition, an ounce of brandy every hour. On the evening of the day on which she was admitted, her breathing became so laboured that suffocation at one time seemed impending; so much so, that, had she not somewhat revived, tracheotomy would have been performed. The foregoing plan of treatment was persisted in up to December 2nd, when for brandy were substituted twelve ounces of gin; and, as suppuration had set in, a linseed-meal poultice was applied over the whole surface of the burn. On December 5th, the slough having separated, and the sore presenting a healthy surface, an ointment, composed of an ounce of prepared chalk, two drachms of olive oil, and half an ounce of spermaceti ointment, spread on lint, was applied. Up to the present date (December 10th), this treatment has been persisted in; the sore is healing; and the woman, whose advanced age precluded almost all hopes of recovery, is in a satisfactory state.

CASE II. James K., aged 28, was admitted into King's College Hospital, on September 24th, with a severe burn extending over the upper part of the chest, the front of the neck, the left shoulder, and front of the left fore-arm. In many places the cuticle was destroyed, and the parts were much charred. The patient is subject to epileptic fits, during one of which he fell forwards into the fire, and thus sustained the injury. As in the above case, on admission, the whole surface of the burn was thickly painted over with collodion and castor oil. This treatment was persisted in up to October 4th, when suppuration having set in, a linseed-meal poultice was applied over the parts. On October 8th, the surface of the sore having cleaned, and presenting healthy granulations, it was dressed with compound chalk ointment and olive oil. On October 30th, the sore was reported as being healed over nearly the whole surface; the cicatrix left was of a very slight character, considering the severity of the burn; and some slight contractions which presented themselves on the front of the neck and the axilla were easily counteracted by the application of a simple apparatus.

CASE III. Abraham F., aged 6, was admitted into King's College Hospital, on December 13th, 1857, with a scald extending over the front of the left thigh and leg, and over the front of the right leg, caused by a kettle of boiling water falling from the fire over him. Several large vesications existed, and in some parts the surface was raw. On admission, the mixture of collodion and castor oil was applied to the parts. The pain, which was at first great, ceased almost instantaneously, and the child has since experienced little or no inconvenience.

REMARKS. The use of this application in burns and scalds, which has now been extensively tried in King's College Hospital, appears to possess many advantages over all others. It affords a coating to the parts which entirely excludes the atmosphere without obscuring the surface of the sore from view. It is by no means a *dirty* application, and possesses a pleasing odour, which counteracts the unpleasant emanations generally attendant on burns. It also appears to have the effect of immediately lessening the pain; and in all the cases in which it has been applied, the sloughs which have subsequently formed have appeared to be much less deep than usual.

II. TYPHOID FEVER TREATED WITH ALCOHOLIC STIMULANTS.

Under the care of R. B. TODD, M.D.

[*From Notes by* DR. WHITFORD, *House-Physician.*]

Numerous cases of typhoid fever have been lately in this Hospital, under Dr. Todd's care, which have been treated on an uniform plan, as they all exhibited the same features, and presented the same indications. This treatment consisted in the regular administration of stimulants in small quantities and at short intervals. The success of the treatment has been striking, as, out of a considerable number of cases (estimated by Dr. Whitford, the resident house-physician, at about twenty), only two deaths have occurred, both of them very bad cases, and one evidently hopeless. Detailed notes of these cases would not perhaps possess sufficient variety to compensate for their length; but we subjoin short notices of two cases, with which Dr. Whitford has been kind enough to supply us, as examples of the progress and treatment of the disease. It will be seen from this that the latter is of the typhoid character; that the strain is, as usual, on the intestines; and that the characteristic indication for treatment is derived from the pulse. It will also be observed how remarkably the rapidity of the pulse diminishes (its volume and tone generally improving) as the stimulant is taken and tolerated.

It is probable that the experience of our country associates is principally of a different and more "sthenic" type of fever; but we believe that in London this typhoid epidemic is nearly universal; and the treatment employed aims, in most cases, at fulfilling the same indications, though perhaps vinous stimulants are usually less liberally used. We shall probably recur to this interesting and important subject.

CASE I. Sarah M., aged 4, was admitted on November 14th. She was first taken ill on November 11th, with irritability, hot and dry skin, constipation, and abdominal tenderness. On admission, she was quite sensible; the skin was hot and dry; a few rose-spots were seen on the abdomen; the bowels were relaxed, and the motions very offensive. There was much tenderness on pressure over the right iliac fossa.

Date.	Pulse.	Stimulants.
Nov. 14	130	Wine ℥ii, every two hours=3 oz.
„ 15	140	„ „
„ 16	140	Brandy ℥ii, every hour=6 oz.
„ 18	120	„ „
„ 19	120	„ „
„ 20	120	„ „
„ 21	120	„ „
„ 23	92	Brandy ℥ii, every two hours=3 oz.
„ 25	112	„ „
„ 27	96	„ „
„ 30	96	„ „

Turpentine stupes were applied to the abdomen: these relieved the tenderness, but did not stop the purging. On November 18th, a starch enema, with five minims of laudanum, was ordered. This stopped the purging, which did not recur after the 19th. From this time she steadily improved.

Case II. Honora H., aged 17, was admitted November 28th. The fever commenced on November 21st, with headache and rigors, and then pain in the abdomen. The bowels were much as usual when admitted. She had complete stupor; the countenance was dusky; the tongue was coated with brown fur. A few rose-spots were seen on the abdomen, which was rather tender on pressure. She was ordered, on admission, an ounce and a half of brandy every hour, and the following mixture:—

℞ Spiritûs ætheris chlor. ♏x; ammoniæ carb. gr. iv; mist. acaciæ ℥iss. M. Fiat haustus 4tâ quâque horâ sumendus.

We append a short table of her daily progress, with the variations of pulse and respiration noted. It will be seen how the former gradually improved under the influence of the stimulant (which was regularly persisted in), and how a very severe and threatening attack issued in a complete and rapid recovery.

Date.	Pulse.	Respiration.	Remarks.
Nov. 28	104		
„ 29	128	24	
„ 30	104	20	Answers questions.
Dec. 1	88	24	Spots faded. Countenance less dusky.
„ 2	72	24	Less abdominal tenderness.
„ 4	72		Bowels regular. No abdominal tenderness.
„ 7			Convalescent.

ST. GEORGE'S HOSPITAL.

FEMORAL HERNIA WITH DIVERTICULUM FROM THE SAC.

Under the care of Prescott G. Hewett, Esq.

Ann G., aged 36, was admitted into St. George's Hospital, under the care of Mr. Prescott Hewett, on November 16th, with a strangulated femoral hernia on the right side. The bowel had come down the previous day at 4 P.M., after a violent fit of vomiting. The descent was accompanied by violent pain, and vomiting had continued ever since; the pain had gradually spread from the groin over the belly. Attempts at reduction had been made, but in vain. Castor oil, and mustard poultice over the belly, had been prescribed out of the hospital.

The rupture had existed altogether three years. It had originally made its appearance suddenly during great efforts to lift a heavy weight; it had never caused the patient any inconvenience, and she would scarcely have noticed it, had it not been for the little hard lump which ever since had remained in the groin. Not being aware of the nature of this lump, she had never tried to reduce the rupture, and consequently had never thought of a truss.

When seen by Mr. Hewett at 11·15 P.M., the patient was complaining of great pain and tenderness over the lower part of the belly, which was swollen, and tympanitic. The sickness was constant; the tongue foul; the pulse weak and irritable, but the countenance was good.

In the right groin was a roundish lump, prominent, and occupying the situation of a femoral rupture. To the sight there was nothing peculiar about this tumour, but to the touch there were some strongly marked peculiarities. In the usual position of a femoral rupture, the swelling was hard and prominent; very tense, and very painful when handled; above this swelling, and intimately connected with it, was a mass which spread upwards and outwards, partially overlapping Poupart's ligament, until it reached close to the anterior superior spinous process. This part was flattish, soft, and doughy, and not painful. The skin presented its usual appearance. The woman was stout, so that there was no apparent line of demarcation between the two portions of the swelling. The whole aspect of the case made Mr. Hewett think that the outer portion of the swelling might be omentum contained in a diverticulum of the sac, and the inner portion a knuckle of intestine. Chloroform having been administered, the operation was performed. The sac was easily reached; it was rather thickened, and contained a quantity of straw-coloured serum; it was freely laid open; a quantity of perfectly healthy omentum at once came into view; at first, this appeared to fill up the sac; but on unfolding it, a knuckle of intestine was found underneath it, and all but enveloped in it. The omentum was pulled out of the way, and the bowel proved to be of a very dark livid colour, but otherwise not unhealthy. The ring was at a great depth, so much so, that its margin could only just be reached with the nail of the fore-finger. The stricture was exceedingly tight; but a broad-grooved director was at last introduced, and Gimbernat's ligament freely divided, after which the bowel was easily reduced. On further examining the omentum, a portion of this membrane was found passing outwards; it was traced through an opening on the outer side of the sac, from which a good sized piece was dragged out, and then the finger was easily pushed into a smooth, elongated cavity, which reached as far as the anterior superior spinous process. The breadth of this cavity was about the size of a couple of fingers; the opening of communication between the two sacs was as large as the thumb. The omentum was partially united, by old adhesions, to the diverticulum; these were slender, and easily broken through. The mass of the omentum was also firmly adherent to the outer margin of the femoral ring. A ligature was therefore applied around the protruded part of this membrane, which was then cut off. A quantity of serum continued to ooze out of the belly for some time after the operation. A grain of opium was ordered an hour after the patient had returned to bed. The subsequent course of this case was most satisfactory; all symptoms were completely relieved by the operation. The bowels were opened seven days after the operation, after a dose of castor oil. The ligature around the omentum came away in due course of time. The wound healed kindly, and the patient was discharged on December 9th.

Remarks. We have lately called attention to this rare peculiarity in femoral hernia (see page 962); and it happened strangely enough that, just at the time when our report appeared, another instance of it should have occurred under the care of the same surgeon. We treated the subject so fully on the former occasion, that it is unnecessary to add more at present.

ST. BARTHOLOMEW'S HOSPITAL.

Several cases have recently been observed at this Hospital which present features of some interest, and, although not calling for reports at length, are worthy of passing mention.

I. POISONED WOUND: RAPID CURE BY IODIDE OF POTASSIUM.

A man, aged 26, was lately under treatment for a foul sore on the fore-finger, the result, apparently, of working in night-soil with a wound on the part. He had, however, suspended his occupation for some weeks, and had been under good surgical care. The sore was of some size, with ragged, raised, bluish edges, and foul surface. At first, the effect of rest and simple applications were tried; but as these produced no good result, iodide of potassium was given. The sore assumed a more healthy appearance two days after the commencement of the treatment, and in a fortnight was quite well, having previously been under different plans of treatment for five months.

II. FŒTIDITY OF THE CONTENTS OF HÆMATOCELE.

It is perhaps as well to remember that the contents of old hæmatoceles frequently assume more or less of the character of fæces, as the practitioner is sometimes alarmed on cutting into such a tumour at the aspect of the contents, and is led for a moment almost to question the accuracy of a diagnosis which has perhaps been most carefully made. We have ourselves seen matter evacuated from such a tumour so exactly resembling the contents of the small intestine, as to cause even the very experienced surgeon who was operating to involuntarily start back, though of course he speedily reflected that the mistake was impossible in the case before him; and we have also dissected such cases in the dead-house. A case even more striking occurred here a few days ago in a man who had both hernia and hæmatocele, and where (the hernia having been reduced), the surgeon proceeded to open the hæmatocele. The incision was followed by the escape of a gush of fœtid air, causing the bystanders to imagine that the gut was opened. The man recovered without any bad symptoms. The presence of air in such degenerated blood-swellings is a fact which is new to us.

III. TRAUMATIC TETANUS.

A case of tetanus occurred here a short time since, in which the disease presented the peculiarity of having followed a mere blow on the nose. It terminated fatally in a fortnight with persistent trismus, but only one attack of general spasms. The treatment was by musk and opium.

IV. SINGULAR ACCIDENTS.

Two singular surgical accidents presented themselves in the out-patient's room. One was dislocation of the humerus into the axilla, with fracture of the clavicle on the same side—a complication very rarely observed. The other was a dislocation of the jaw, on one side only, from yawning. The patient was an old man. The dislocation was, as usual, very easily reduced.

V. DUMMREICHER'S, OR THE RAILWAY SPLINT.

This splint, the application of which we noticed in a former number (p. 166), and which succeeded admirably in that case, is again to be seen in action in this Hospital. The patient, a very old man, of intemperate habits, and threatened with delirium tremens, speaks in high terms of the comfort of the application, which keeps the parts (a fractured leg, with much bruising) in very good position.

Original Communications.

TREATMENT OF INJURIES OF THE HANDS AND FINGERS.

By J. H. Houghton, Esq., Surgeon to the Dudley Dispensary.

Though not a hospital surgeon, I may be allowed to bear my testimony to the efficacy of the plan of "treatment of some cases of injury of the hands," proposed by Mr. Birkett in the Journal for December 12th. The surgery of a practitioner actively employed in the South Staffordshire coalfield affords opportunities of treating such cases equal to many hospitals; a day hardly ever passes without some of them coming under observation, and frequently the number is very large. Seven or eight patients with injuries of the hands and fingers, varying from a case of formidable compound fracture to some trivial wounds and lacerations, attended this morning at my surgery.

Seven years experience had fully convinced me of the clumsy and unsatisfactory means at our disposal for treating these injuries, in the shape of adhesive plaster, unguents, and poultices, when about ten years ago I began to apply the water dressing to my cases of injury of the hands and fingers; and the result was so satisfactory, that during the last ten years, with some few special exceptions, I have not used any other dressing. I am fully persuaded that no surgeon, who has not been accustomed to this mode of treatment, can have any idea of its special adaptability to the injuries in question; and I am constantly in the habit of saving parts which, under any other plan of treatment, I feel sure must be sacrificed. I have to-day carefully examined the finger of a boy, about eleven years of age, who was under my care for a compound fracture of the second phalanx of the little finger about eight years since. The case made a permanent impression on my mind for two reasons: first, it was one of the first cases of very severe compound fracture which I saved by the water dressing treatment; and secondly, I had a special interest in the patient's family. When I first saw the case, a wound on the palmar aspect divided the soft parts to at least three-fourths of their extent, the bone also being divided; the distal part of the finger literally hung by the remaining soft part, and the friends thought there was nothing to be done but to snip the parts through, and thus complete the operation. With a small piece of wood I cut a splint to fit the finger. I carefully adjusted the divided parts, and placed them on the bare splint; the finger and splint were carefully rolled together with a minute roller of dry lint. The whole was put upon a splint sufficiently long to give support from the elbow to the end of the fingers. This dressing (dry) was allowed to remain some days, and then, after well soaking, was removed, when a very slight degree of union had been effected, but the parts had regained their normal position. The special water treatment was then commenced, which consisted in the daily careful rolling of the finger on the splint, with a minute lint roller soaked in water. The patient's friends were directed to keep the roller moist by dipping it into a little tepid water. The wound did not granulate freely; it assumed rather an unhealthy sloughy appearance, and it was some time before a healthy process was set up; yet the result was satisfactory, the parts being perfectly restored, with very little deformity remaining.

On November 17th last, a boy was brought to my surgery, having sustained a terrible compound fracture of the second phalanx of the little finger. The wound commenced at the external side of the finger, at the proximal end close to the joint; it extended inwards and forwards to the distal end near to the second joint; the fracture took the same oblique direction. The end of the finger was retained by the skin and integuments on the inner side of the bone only, and the semi-detached part lay almost at right angles to the finger itself. The wound, which had been made by a blunt piece of iron, had a very unpromising appearance. It was put up, like the former one, with dry lint; this was removed in a few days, and then the water dressing was commenced.

To-day, Dec. 15, the union of the bone is complete; the wound has nearly healed; the joints are both perfect, and the finger is straight. I have no doubt that but for the water dressings the patient would have lost his finger.

These two cases (out of hundreds similarly treated, but which seem too trivial to note) are given, because the first, from particular circumstances, made an indelible impression on my mind; and the second is now under treatment.

I carefully endorse the whole of the statements made in Mr. Birkett's highly practical paper, and go a little further: for here cases in which patients have been confined to bed have been rare; with very few exceptions, the patients have attended daily at my surgery, the arm supported in a sling, and frequently the hand resting on a good long wooden or zinc splint; in some cases, the patient is directed, when at home, to rest the hand and arm on a table, with the hand well raised. Irrigation, though an elegant, is not an essential part of the treatment; it is amply sufficient that the lint be kept moist. I generally direct a little water to be kept warm in a basin near the fire: if the fingers are the injured part, they are dipped into it; if the hand, the lint is frequently moistened with a sponge. The stripes, as Mr. Birkett justly observes, require to be applied in various ways: "sometimes in an oblique and sometimes in a vertical direction;" and in my opinion, the whole success of the treatment depends on the tact with which the lint is adjusted, and in this there is considerable art, particularly in injuries of the fingers. I use stripes of common lint, twelve or eighteen inches long, from one-half to three-quarters of an inch wide, and rolled up like common rollers; these are well soaked before they are applied. If I have to deal with a simple wound or laceration, the finger is simply rolled with the roller; but if I have to deal with a compound fracture, the fractured finger is placed on a small splint of wood or gutta percha (adapted to the particular case), and the roller is applied round the finger and splint together. The plasticity of a finger so handled is marvellous; and by altering and arranging the position of the splint and the roller, almost any deviation from the proper position of the bones or soft parts may be rectified, the exuberance of granulations restrained, and the shape of the part maintained.

I am pleased to see a gentleman of Mr. Birkett's position advocating what some will consider a very unsurgical, though a very beneficial course, as illustrated in Case 4; I mean, leaving the projecting ends of bones (of the hands and fingers), from which the integuments have been torn, to be covered by granulation instead of removing the part. I have long adopted this plan; and, though it is by no means a brilliant practice, I am sure it is far more conducive to the patient's welfare, than the more orthodox and dazzling recourse to operative proceedings.

A CASE OF LARGE GALL-STONE ESCAPING THROUGH THE WALLS OF THE ABDOMEN AFTER MANY MONTHS SUFFERING, WITH ULTIMATE RECOVERY.

By Draper Mackinder, M.D., F.R.C.S., Gainsborough.

On August 28th, 1856, I was requested to visit a Mrs. B., a delicate lady, aged 75 years, who had frequently complained of a pain in her right side, but now seemed to be suffering from an attack of acute hepatitis, for which I attended her until October 23rd, when she became convalescent.

On February 7th, 1857, she sent for some medicine to relieve a pain in her side, and nine days afterwards I was ordered to see her in consequence of an aggravation of her symptoms. I found her suffering much from pain in her right hypochondrium, increased by pressure, a difficulty of breathing, a dry furred tongue, thirst, vomiting, a quick feeble pulse, and a distinctly circumscribed hardness at the inferior border of the liver, movable like a tumour, and exquisitely sensitive. As time advanced, this tumour descended along the external margin of the right rectus to the superior boundary of the iliac region. Here the integuments became inflamed, and fluctuation was soon perceptible over a radius of three inches; and on March 3rd the abscess burst, and gave exit to about three ounces of pus. At the end of April, an inch above the opening, a hard substance, of the size and configuration of a hen's egg, was perceptible to the touch; but the integuments, for four inches around, were hardened, nodulated, red, and so very painful, that a proper exploration was not permitted. Poultices were ordered to be applied, and tonics and liberal diet were administered, the patient's debility requiring the recumbent position. Early in May, while she was standing by her bed, the hard substance before mentioned suddenly rolled on the floor, having escaped through the abdominal wall at the middle of the right iliac region. It proved to be a large ovoid gallstone, very hard, weighing six drachms, measuring two inches by one and a half, and exhibiting, on fracture, a beautiful crystalline composition of nearly pure cholesterine in the centre, with a thick coating of colouring matter, and carbonate and phosphate of lime. The old lady is now in capital health.

[Errata. In my case of "deficiency of fingers transmitted through six generations," page 845, in the eleventh line from bottom, for "sister" read "sisters"; and in fifth line from bottom, for "*his*" read "*her*".]

British Medical Journal.

SATURDAY, DECEMBER 26TH, 1857.

CHARGE OF ATTEMPTING TO PROCURE MISCARRIAGE.

We congratulate Mr. Andrew Halliday Carmichael on a very narrow escape from the toils of as mischievous a party of three as could well be found in any country village. This gentleman, but for the good sense of an English jury, might have been at this moment picking oakum and refreshing himself with stirabout in a Yorkshire prison, instead of enjoying a good Christmas dinner at home, as he is now no doubt doing. It will be remembered, that he was committed to prison some time ago on the charge of having caused the miscarriage of his maid-servant, at Mexbrough, near Doncaster. For this alleged offence he was tried last week, and, we are glad to say, acquitted. The evidence against him was simply the statement of the girl herself, and the presence in a surgeon's cupboard of a female catheter! The *dramatis personæ* in this awkward little interlude are briefly described. First, there was the prosecutrix herself, a young woman, named Harriet Atkinson. "We all know the pure and simple manners of the country," says Record sarcastically, and are not therefore surprised to hear that she kept "her only son at home" with her mother—a child unfortunately that was not honestly come by; and this was not her only slip, it appears, by many. Then we have a certain Mrs. Lewis, the bad woman of the village, whom her neighbours used to burn in effigy, and otherwise stigmatize by what in the language of the north is termed "riding the stang" about her. In short, she appears to be one of those creatures to be found in most districts, who will tell any lie, or do any thing, for a consideration. Then we have an officious policeman, anxious to show his zeal by beating up human game and hunting it down at the assizes. The girl was engaged to keep house for him by Mr. Carmichael, a gentleman who practised in the village for some time with great credit. The engagement, according to her account, ripened into a more familiar connection, the consequence of which was her pregnancy. Immediately on her discovering this, she informed him of it, and he replied only, "Oh! you must miscarry"; and forthwith he produced miscarriage with instruments.

Such is the statement of this very virtuous girl, with a child at home at her mother's. Upon this evidence alone—no, we forget that a female catheter was found in his cupboard—upon these evidences, then, a respectable medical practitioner was committed for trial by the magistrates, and was placed in the common dock and tried. Medical evidence of course there was none that could, by any possibility, involve him. Mr. Blythman, of Swinton, made an examination; but, like an honest man, he confessed that he "could not form an opinion upon the symptoms he detected." The reader will feel naturally astonished to find that the committal took place at all. The magistrates were certainly far more credulous than those who dismissed the equally absurd charge against Mr. Delves, of Tunbridge.

"All's well that ends well." Two charges of this kind having occurred, however, so very lately—and as all bad as well as "all good things are three", according to the German proverb—we beg, by way of advice, to recommend all our young bachelor associates not to take into their service as housekeepers young females of tarnished virtue; or, if they do, most certainly to be cautious what they are about, and especially to be careful not to have a female catheter in their possession; otherwise such a fact may possibly go hard against them!

THE WEEK.

The circumstances connected with the disputed election to the surgeonship of Queen's Hospital, Birmingham, have been submitted to the consideration of the Attorney-General and Mr. Serjeant Hayes. Both these eminent members of the bar have given as their opinion, that "the election of Mr. West was *not* valid; that, therefore, Mr. West has not, and never had, any just and legal ground of complaint." Mr. Gamgee has thereupon addressed to the Principal of Queen's College the following letter:—

"Sir,—Having just read in the Birmingham *Daily Press* Mr. Suckling's letter to the Dean of Faculty, conveying the opinion of the Attorney-General and Mr. Serjeant Hayes that Mr. West's election on the 14th October ult., was not valid, I hasten to inform you that in the event of Mr. West's supporters on the Council of Queen's College concurring in that decision, I shall then be prepared to retire from the position of Surgeon to the Queen's Hospital, and Lecturer on Clinical Surgery in the Queen's College, to which the Council appointed me on the 13th November ult., and the duties of which office I have discharged in obedience to the Council's order.

"When candidates are again invited by public advertisement, I propose re-submitting my claims for the Council's consideration.

"I trust this disposition on my part may be accepted as evidence of my earnest desire, not only to offer no obstacle to a settlement of the pending difference, but to facilitate it by every means in my power.

"I have the honour to be, sir,

"Your most obedient humble servant,

"Joseph Sampson Gamgee.

"Birmingham, Dec. 22, 1857."

This is a most manly and judicious proceeding on the part of Mr. Gamgee. We hope that all who are concerned will meet Mr. Gamgee in the spirit of conciliation which he has manifested; and especially that, if the election of a surgeon comes on again, the Reverend Canon Miller, and those who may be of the same mind with him, will be wise enough to act otherwise than give their votes to a candidate merely "because they are determined not to accept the nomination of the professors."

In our news columns will be found a point of considerable importance to the medical profession. We allude to the final amalgamation of the New Equitable with the Medical, Legal, and General Life Assurance Company. This union has been effected in a manner calculated to make the Company to the medical profession what the great law offices are to the legal body. The name of the New Equitable has been retained; and there is in this a kind of poetical justice. With this office originated the practice of paying medical men liberally for reports on lives. Its directors, shareholders, and policyholders are, to a great extent, medical men. If every professional man who is treated unfairly by a life office were only, as many do, to recommend his patient to apply to the New Equitable, there would soon be a settlement of the disputes respecting the payment of medical fees, which are so often found in our columns. The New Equitable is the weapon which medical men should use to fight the non-paying offices. Its success is gall and wormwood to the non-paying companies, but a tower of strength to the medical profession in the assertion of its rights. The matter at issue is not a small one. We fully believe the non-paying companies cheat the profession every year out of a larger sum than would maintain two or three Benevolent Colleges.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

In these lists, an asterisk is prefixed to the names of Members of the Association.

BIRTHS.

Jeaffreson. On December 17th, at Leamington, the wife of *S. J. Jeaffreson, F.R.C.P., of a daughter.

Midwood. On December 14th, at 22, Grosvenor Square, Manchester, the wife of *Wm. Bellhouse Midwood, Esq., Surgeon, of a son.

Ranke. On December 15th, at Fitzroy Square, the wife of H. Ranke, M.D., of a daughter.

MARRIAGES.

Day—Ryall. Day, William Henry, M.D., Newmarket, to Emma Clementina, eldest daughter of William Ryall, Esq., of Westbury Court, near Bristol, on December 15th.

Dixey—Des Noettes. Dixey, Augustus E., M.D., to Euphrasie, youngest daughter of the late Zenon Pierre François Lefebvre des Noëttes, commandant of the Citadel of Amiens, at the Chapel of the English Embassy, Paris, on Dec. 16th.

Harris—Huggett. Harris, Robert Hall, M.D., of Calcutta, to Annie Godwin, second daughter of William Huggett, Esq., of Cliftonville, Brighton, at St. John's, Lambeth, on December 19th.

Penfold—Stedman. Penfold, William John, Esq., solicitor, of Steyning and Worthing, to Maria, daughter of Silas Stedman, Esq., Surgeon, of Guildford Street, Russell Square, at St. George's, Bloomsbury, on December 19th.

Plumer—Sherman. Plumer, Charles George, Esq., Madras Civil Service, to Myra Elizabeth Agnes, only daughter of J. W. Sherman, Esq., late Physician-General Madras Presidency, at St. George's Cathedral, Madras, on Nov. 7th.

Roxburgh—Boswell. Roxburgh, William, M.D., of London, to Anne Elizabeth, fourth daughter of the late Alexander Boswell, Esq., writer to the Signet, Edinburgh, at Portobello, on December 16th.

Smith—Smith. Smith, Francis, Esq., Surgeon, of Blackfriars Road, to Georgina, daughter of Samuel Smith, Esq., late of Kilburn, at St. Pancras Church, on December 19th.

DEATHS.

Ashwell, Samuel, M.D., at Brook Street, Grosvenor Square, suddenly, of disease of the heart, aged 59, on Dec. 21st.

Bell, William Thomas, Esq., Surgeon, of Grimsby, Lincolnshire, aged 27, on December 12th.

Brown. On December 16th, at 41, Regent Square, St. Pancras, aged 68, Mary Anne, widow of the late William Cullen Brown, M.D., R.N.

Bush, William Maddocks, M.D., at Weston-super-Mare, on December 17th.

Clarke, Thomas, Esq., Staff-Surgeon, formerly of the 72nd Regiment, at 1, Bennett Street, St. James's, aged 66, on December 21st.

Dunn. On December 21st, at Hermes Terrace, Chelsea, aged 20, Louisa Eliza, only surviving child of the late George Dunn, Esq., Surgeon R.N.

*Faithfull, William, Esq., Surgeon, at Brighton, lately.

Foss, Thomas, Esq., First Class Staff Surgeon to the Forces, on Board the mail steamship *Parana*, on passage from Jamaica to England, on November 29th.

Jackson. On December 18th, at 64, Gloucester Place, Portman Square, aged 51, Margaret, widow of the late A. R. Jackson, M.D., of Warley Barracks, Brentwood.

Lucas, W. S., Esq., Surgeon, of Bedford Place, Russell Square, aged 41, in Norfolk Square, on December 19th.

Underhill. On December 8th, aged 6 years, Mary Frances Amelia, eldest daughter of *Thomas Underhill, Esq., Surgeon, of Great Bridge, Tipton.

PASS LISTS.

Royal College of Physicians. At the usual Quarterly Meeting of the Comitia, held on Tuesday, December 22nd, the following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College:—

Dr. Wallace, 5, Green Terrace, Clerkenwell
Dr. Galton, Hadzor House, near Droitwich
Dr. Reed (an Extra Licentiate), 46, Hertford Street, May Fair
Dr. Chapman, 62, George Street, Portman Square

Also, as an Extra Licentiate:—

Dr. Mawer, late of 24a, Abbey Road, St. John's Wood

Royal College of Surgeons. Licentiates in Midwifery admitted at the meeting of the Board, on December 16th:—

Beer, James John, Holborn: diploma of membership dated March 27th, 1857
Doig, Charles David, Aldgate: August 8th, 1856
Edwards, Thomas Edwin, Gloucester Crescent North, Westbourne Park, April 6th, 1857
Kelland, Charles Theophilus, Plaistow, Essex: November 20th, 1857
Oliver, Samuel, Guildford Street, Russell Square: May 9th, 1856
Sly, William, Wincanton, Somerset: May 25th, 1857
Wright, Frederick Thomas, Assembly Row, Mile End: May 4th, 1857

Members admitted at a meeting of the Court of Examiners on Friday, December 18th:—

Cullen, Robert Fleming, H.M.S. *St. Vincent*, Portsmouth
Fleischmann, Alfred, Leeds
Harries, George James, Bath
Hele, Nicholas Fenwick, Shaldon, Teignmouth, Devon
Leigh, John, Holywell, North Wales
Lynes, William, Wednesbury, Staffordshire
Moxon, John, Huddersfield
O'Loughlin, Joseph Edward, Army
Sanderson, Arthur, Liverpool
Smith, James Thomas, Sutton Coldfield, Warwickshire
Williams, Charles, Royal Ophthalmic Hospital, Westminster

At the same meeting of the Court—

Roe, Thomas Alexander, passed his examination as Assistant-Surgeon in the Royal Navy.

Monday, December 21st:—

Chevers, Charles Edward, Jamaica
Curtler, Henry, Droitwich, Worcestershire
Harvey, Charles Hamilton, Clarendon Road, Notting Hill
Hughes, Richard, Euston Square
Longmore, Charles, Army
Norton, Selby, West Malling, Kent
O'Donovan, Thomas Peter, Southend
Pougnet, François Voley, Mauritius
Rogers, Owen Ossian, Stonehouse, Plymouth
Watts, William Henry, Army
Whitaker, Henry, Belfast
White, Charles William, Madras

The Fellowship. The following members of the College, having undergone the necessary examinations, were admitted Fellows at the last meeting of the Council:—

Austen, John Colmer, Ramsgate: diploma of membership dated April 21st, 1845
Cutcliffe, Henry Charles, Dulwich: May 5th, 1854
Harris, William, Waterford: March 10th, 1854
Lawson, George, Park Street, Grosvenor Square: August 9th, 1852

Apothecaries' Hall. Members admitted on Thursday, December 17th, 1857:—

Black, Robert John, Southgate Road, De Beauvoir Town
Brook, William Kortwright, Stapleton, near Bristol
Giles, Samuel
Griffin, Richard William W., Weymouth
Gross, John Edward, Earl Soham
James, Alfred, Danville
Ryott, Frederick Elliott, Newbury, Berks
Wilkes, George
Williamson, John Edwin, Nantwich, Cheshire

HEALTH OF LONDON:—WEEK ENDING DECEMBER 19th, 1857.

[*From the Registrar-General's Report.*]

The deaths registered in London, which were 1428 in the first week of the current month, and fell to 1240 in the second, were in the week that ended last Saturday (December 19th) 1234. In the ten years 1847-56, the average number of deaths in the weeks corresponding with last week was 1249, which, if raised in proportion to increase of population (to admit of comparison with last week's return), will become 1374. In the third week of December 1847, influenza raised the deaths from all causes to 1946, and consequently, to some extent, augments the average which is now given; and if this element is eliminated from the calculation, it will be found that the present rate of mortality approximates very nearly to that which is to be expected towards the close of the year.

That those pulmonary complaints (the result of influenza) which lately swelled the mortality continue to grow less fatal, appears from comparing the facts of the last two weeks: the deaths from diseases of the respiratory organs (exclusive of phthisis) were in the previous week 336; last week they were 298; in the former week, those from bronchitis were 185, last week they were 159; while pneumonia declined from 119 to 107; and cases, in which influenza is specially mentioned, from 19 to 15. The fluctuations in the mortality from phthisis (or consumption) are apparently not ruled by the same atmospheric conditions, for the deaths from that disease rose in the two weeks from 114 to 161. In the same periods, hooping-cough was fatal in 47 and 48 cases.

On reference to the zymotic class of diseases, it will be seen with satisfaction that small-pox continues to exhibit a mortality singularly small in a population so large; the deaths from it in the present return are 3, and since the present year began the weekly average has been only 3. Last week, measles, scarlatina, and hooping-cough, produced very similar numerical results, for the first was fatal in 45 cases, and each of the two latter in 48. Fourteen young children died of croup; 13 persons of diarrhœa, 2 of whom were children in a family at 20 Canal Road, Haggerstone West, and had been surrounded by circumstances of insalubrity which, if correctly described, are sufficient to account for any amount of diarrhœa amongst persons so unfavourably situated. Three children died of measles in Plumstead, where it has been prevalent lately; in a family of five children in that locality, three have died of the complaint, and two others are dangerously ill. The medical attendant considers that the extreme severity of the disease in this case is due to the bad condition of the premises.

Of three nonagenarians whose deaths are returned, a woman was 90 years of age, a man in Poplar 94, and a widow who died in Albion Terrace, Limehouse, was 96.

Last week, the births of 936 boys and 894 girls, in all 1830 children, were registered in London. In the ten corresponding weeks of the years 1847-56, the average number was 1503.

At the Royal Observatory, Greenwich, the mean reading of the barometer in the week was 30·082 in. The *highest* point attained by the instrument was 30·50 in. at the beginning of the week. The mean temperature of the week was 45·6°, which is 5·7° above the average of the same week in forty-three years (as determined by Mr. Glaisher). The mean daily temperature was above the average on every day, and on Thursday the excess was so much as 12·4°. On that day the *highest* temperature occurred, and was 57°; the *lowest* occurred on Saturday, and was 35°. The mean daily range of temperature in the week was only 8·7°; on Sunday (the 13th) the range was remarkably limited, having been only 3·8°; on the following day it did not exceed 4·7°; on Saturday it was 14·2°. The difference between the mean dew-point temperature and the mean air temperature in the week was 2·8°. The mean daily degree of humidity was 90, complete saturation being equal to 100. The mean temperature of the water of the Thames was 45·5°, about the same as that of the air. When the air was not calm, the wind blew from the south-west. The rain-fall was 0·16 in., of which the chief part occurred on Saturday.

The New Equitable Life Assurance Company. On Friday, December 11th, the second formal meeting of the Medical and Legal Assurance Society was held at Exeter Hall, to confirm the proceedings of a meeting held November 12th, whereby that Company was dissolved, and its business merged in the New Equitable Company. The chair was taken at one o'clock, by Dr. Barlow, of Guy's Hospital; and he was supported on the platform by the Directors of both Companies; there was also a full attendance of members and shareholders in the body of the Hall. The Actuary, Mr. Bigg, having read the advertisement convening the meeting, as well as the Report submitted to the former meeting, it was moved by T. G. Williams, Esq., Manager of the Waterloo Assurance Company, seconded by Munden Hammond, Esq., "That the Report and resolutions of the 'Extraordinary General Meeting' of the 12th ultimo be, and they are hereby, confirmed." Carried unanimously. Votes of thanks to the Chairman, Directors, and Secretary, closed the proceedings, which were of a most cordial character throughout.

Hunterian Museum. The Council of the Royal College of Surgeons have just announced their intention to appoint a second assistant in the museum at a salary of £150 per annum. The present staff consists of Mr. John Quekett, as conservator, and Mr. Howard Stewart, as assistant.

TO CORRESPONDENTS.

POSTAGE OF MANUSCRIPT AND PRINTED MATTER.

Any amount of manuscript or printed matter, singly or together, provided it contains nothing in the form of a letter, is transmitted through the post, in packets *open at the ends*, at the following rates: not exceeding 4 ounces, one penny; above 4 and not exceeding 8 ounces, twopence; above 8 ounces and not exceeding 1 pound, fourpence; for every additional half-pound or under, twopence.

To Contributors. The Editor would feel glad if Members of the Association and others, would cooperate with him in establishing as a rule, that in future no paper for publication shall exceed two pages of the Journal in length. If the writers of long communications knew as well as the Editor does, that lengthy papers *always* deter the reader from commencing them, this great evil would never arise. Brevity is the soul of medical writing—still more than of wit.

Anonymous Correspondents should always enclose their names to the Editor; not for publication, but in token of good faith. No attention can be paid to communications not thus authenticated.

Communications have been received from: — Dr. Adam Martin; Mr. Sands Cox; Mr. Gamgee; Mr. R. O. Blythman; Dr. S. B. Birch; Mr. T. P. Smith; Dr. Radford; Mr. W. B. Midwood; Dr. H. Sandwith; Sir C. Hastings; Dr. T. H. Jackson; Dr. E. Burd; Mr. T. Holmes; Dr. Bader; Mr. Toynbee; Mr. J. H. Pepper; Mr. W. H. Cooke; Mr. T. L. Greaves; Mr. Yarwood; Mr. H. Faithfull; Mr. Thos. Underhill; Mr. J. Marshall; Mr. Stone; Dr. H. H. Vernon; Mr. J. H. Houghton; Dr. D. Mackinder; and Mr. G. Southam.

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